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## *Facsimile Transmittal*

**DATE:** January 19, 2005  
**ATTN:** Examiner Romain Jeanty  
**TO:** U.S. PATENT AND TRADEMARK OFFICE  
**FAX:** (703) 872-9306  
**FROM:** Thomas M. Thibault  
**PHONE:** (858) 651-2356  
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**Application No.:** 10/674,039

**Number of Pages Sent:** ~~18~~ 8 (including this transmittal cover sheet)

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PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 010188D1  
In Re Application of: Wolfe et al.  
Serial Number: 10/674,039  
Filed: September 29, 2003  
Examiner: Romain Jeanty  
Group Art Unit: 3623

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	12	12	0	x \$50 =	\$
Independent**	2	2	0	x \$200 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input checked="" type="checkbox"/> Three Months				\$120	\$
				\$450	\$
				\$1020	\$1,020.00
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$1,020.00

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1,020.00.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 19, 2005

Signature: Thomas M. Thibault, Reg. No. 42,181  
Phone No. (858) 651-2356QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
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## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(type or print name)

Date: January 19, 2005

## FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Thomas M. Thibault  
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)

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**JAN 19 2005**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In Re Application of**

**Wolfe and Segal**

**Serial No. 10/000,247**

**Filed: October 29, 2001**

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**For: METHOD AND APPARATUS FOR  
PROVIDING VIRTUAL CAPACITY TO  
A PROVIDER OF SERVICES**

**Group No. 3623**

**RESPONSE TO OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attn: Romain Jeanty  
Patent Examiner

Dear Sir/Madam:

In response to the Office Action dated July 19, 2004, please consider the following remarks.